

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|--------------|--------------|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| 2 | | | | | | |
| 3 | | 12 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | X | X | | | | |
| 17 | X | 1 | | | | |
| 18 | X | 1 | | | | |
| 19 | X | 1 | | | | |
| 20 | X | 1 | | | | |
| 21 | X | 1 | | | | |
| 22 | X | 1 | | | | |
| 23 | X | 1 | | | | |
| 24 | X | 1 | | | | |
| 25 | X | 1 | | | | |
| 26 | X | 1 | | | | |
| 27 | X | 1 | | | | |
| 28 | X | 1 | | | | |
| 29 | X | 1 | | | | |
| 30 | X | 1 | | | | |
| 31 | X | 1 | | | | |
| 32 | X | 1 | | | | |
| 33 | X | 1 | | | | |
| 34 | X | 1 | | | | |
| 35 | X | 1 | | | | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 29 | | | | | |
| TOTAL CLAIMS | 31 | | | | | |

| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |